

PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission

Application Number	10/783,603
Filing Date	February 19, 2004
First Named Inventor	Robert E. Grove
Art Unit	3739
Examiner Name	David M. Shay
Attorney Docket Number	2502187-991200

ENCLOSURES (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | 1. Amendment Transmittal Letter (small entity) |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | 2. Information Disclosure Statement w/ 14 cited references 16 |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | 3. Return Postcard |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	DLA Piper Rudnick Gray Cary US LLP		
Signature			
Printed name	Gerald T. Sekimura		
Date	January 15, 2005	Reg. No.	30,103

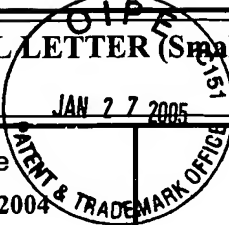
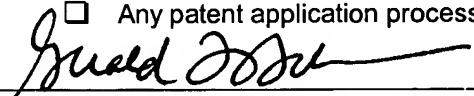

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Signature			
Typed or printed name	Ta-Tanisha L. Moore	Date	January <u>24</u> , 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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AMENDMENT TRANSMITTAL LETTER (Small Entity) Applicant(s): Robert E. Grove, et al. <div style="text-align: center;">  </div>				Docket No. 2502187-991200	
Serial No. 10/783,603	Filing Date February 19, 2004	Examiner David M. Shay	Group Art Unit 3739		
Invention: EYE-SAFE DERMATOLOGIC TREATMENT APPARATUS AND METHOD					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	78 -	78 =	0 x	\$25.00	\$0.00
INDEP. CLAIMS	7 -	7 =	0 x	\$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input type="checkbox"/> No additional fee is required for amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. 07-1896 in the amount of A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> A check in the amount of \$235.00 to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-1896 A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature				Dated:	
Gerald T. Sekimura (Reg. No. 30,103) DLA Piper Rudnick Gray Cary US LLP 153 Townsend Street, Suite 800 San Francisco, CA 94107				I certify that this document and fee is being deposited on 01/24/05 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.  _____ Signature of Person Mailing Correspondence Ta-Tanisha L. Moore _____ Typed or Printed Name of Person Mailing Correspondence	
CC:					